

PRV – Call Center Check Inquiry

Purpose:

The objective of this procedure is to provide the caller with a check amount for a specific date and to identify whether a check research will need to be done.

The provider will contact the call center to obtain check information. The Customer Service Representative (CSR) will review the Medicaid Management Information System (MMIS) to determine whether a check was in fact issued and provide the check information to the caller. If the caller states that this check has not been received and/or cashed, a Check Research Request will need to be completed.

Identification of Roles:

Quality Assurance(QA) coordinator, Lead, Trainer, Supervisor, Management

Performance Standards:

80% service level, abandon rate, calls answered, calls received, average queue time (AQT).

Path of Business Procedure:

Step 1: Incoming Call

Step 2: Verification of Provider (Enter into OnBase Workview)

- a. Verify National Provider Identifier (NPI) number
- b. Obtain contact name
- c. Obtain contact phone number

Step 3: Determine Reason for Call

- a. Claim Status
- b. Eligibility
- c. Service Limits
- d. MediPASS
- e. Inquiry

Step 4: Provider inquiring about not receiving weekly payment check

Step 5: Verify payment was made to that provider for the pay date in question

In provider file, go to screen 10 (F10). Verify paid amount and paid date

Step 6: Verify address

- a. Click on provider screen F3
- b. Address should correspond to address on check, secondary address can be found by pushing F11 key. If address is correct, go to step 7. If not, go to step 8.

Step 7: Complete check research form in OnBase (Refer to procedure IME 10.8)

- a. Double click on inquiry in question and verify date of service
- b. If not an Eligibility call, go back to Step 3 and determine the type of call and follow appropriate procedure (10.1-10.6)

Step 8: Provider address is incorrect

- a. Instruct provider to mail or fax in the address change with the following information:
 1. Provider NPI
 2. Social Security number / Tax ID
 3. Old and new address
 4. New phone number
 5. Date and signature
- b. Provider Services correspondence address:

IME Provider Services
PO Box 36450
Des Moines, IA 50315
FAX: (515) 725-1155
- c. Complete check research form in OnBase noting in the "Notes" section that the provider was instructed to submit an address change

Forms/Reports:

Check Request

RFP References:

6.4.2.3.b

Interfaces:

MMIS
OnBase
Providers

Attachments:

Process Map

IME Operational Procedures Requirements Flowchart

